

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER ROSE HILL # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 GLASCOCK STREET RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Jason Murphy DHSR Construction Section conducted a Biennial Survey on June 12, 2025 from 8:30 AM to 9:45 AM at the above referenced facility. DHSR records indicate the home was first licensed on September 7, 1989 as a Family Care Home for six ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 (1987 Revision) Family Care Homes Minimum Standards and Regulations, applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 (Revision 9) North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a	C 105		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER ROSE HILL # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 GLASCOCK STREET RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 105	Continued From page 1 family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that there was a room at the front left of the house being used as an efficiency apartment. The required separation of a common one-hour wall between units is not in place. This is not compliant with the rule. Take the necessary steps to bring the space into compliance with the NC State Residential Building Code meeting the requirements of a two-family dwelling. This will require the proper permits and approvals from the local inspections department. The space can also be vacated and used for storage. All the plumbing, electrical and HVAC equipment would need to be removed and properly capped off.	C 105		
C 174	Building Equipment Maintained Safe, Operating	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER ROSE HILL # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 GLASCOCK STREET RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	Continued From page 2 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the bathroom fan cover beside bedroom 2 was dusty. This is not compliant with the rules. Take the necessary step to clean dust from fan cover to allow proper exhaust. 2. At the time of the survey it was observed that an extension cord was being used in bedroom 2. This is not compliant with the rules. Take the necessary steps to remove the extension cord and replace it with an approved surge protector. 3. At the time of the survey it was observed that the windows in bedroom 1 and staff bedroom do not open easily or at all. This is not compliant with the rules. Take the necessary steps to adjust or replace the windows to allow proper operation for emergency egress. 4. At the time of the survey it was observed that the range hood did not work, the filter was dirty and the exhaust vent was sealed with duck tape. This is not compliant with the rules. Take the necessary steps to repair or replace the range hood, replace the filter, and the seal vent in an approved manner to allow proper exhaust. 5. At the time of the survey it was observed that the door knob for the staff bedroom was broken.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER ROSE HILL # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 GLASCOCK STREET RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	Continued From page 3 This is not compliant with the rules. Take the necessary steps to replace the staff bedroom door knob. 6. At the time of the survey it was was observed that there were multiple bulbs burnt out in the facility. This is not compliant with the rules. Take the necessary steps to replace all burnt bulbs. 7. At the time of the survey it was observed that the HVAC return cover in the hallway was loose and protruding from the wall. This is not compliant with the rules. Take the necessary step to properly secure the HVAC return cover. 8. At the time of the survey it was observed that there was wood paneling being used as wall covering in multiple parts of the facility. This panelling does not provide the minimum Class C finish required by the building code. This is not compliant with the rule. Take the necessary steps to provide documentation of fire treatment (or treat the paneling with a fire-retardant material capable of achieving a minimum of a Class C finish, and provide documentation to DHHS on what product was used and how it was applied.) 9. At the time of the survey it was observed that there was no toilet paper holder in the bathrooms. This is not compliant with the rule. Take the necessary steps to provide an approved toilet paper holder within reach of the toilets. 10. At the time of the survey it was observed that a receptacle box in bedroom 4 was loose and protruding from the wall. This is not compliant with the rules. Take the necessary steps to properly secure the receptacle within the wall cavity for electrical safety.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092234	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER ROSE HILL # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 GLASCOCK STREET RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	Continued From page 4 11. At the time of the survey it was observed that the smoke detector in bedroom 3 was loose and hanging from the ceiling. This is not compliant with the rules. Take the necessary steps to properly secure the smoke detector to the ceiling. 12. At the time of the survey it was observed that parts of the door knob for the closet in bedroom 3 were missing leaving sharp objects protruding from the door. This is not compliant with the rules. Take the necessary steps to replace the door knob or remove remaining hazardous protrusions from the door. 13. At the time of the survey it was observed that the GFCI receptacle to the left of the kitchen sink had no power. This is not compliant with the rules. Take the necessary steps to repair the GFCI receptacle for proper operation. 14. At the time of the survey it was observed that the crawl space door at the rear of the facility was partially missing leaving an opening. This is not compliant with the rules. Take the necessary steps to repair or replace the crawl space door for rodent proofing. 15. At the time of the survey it was observed that there were items being stored inside the crawl space. This is not compliant with the rules. Take the necessary steps to remove all items stored inside the crawl space.	C 174		